| Effec  | tive October 1, 2                | 003              | CORD                 |                 |                            |
|--|----------------------------------|------------------|----------------------|-----------------|----------------------------|
| CLAIMS AS FILED - PART I   |                                  |                  |                      | 10039           | 160                        |
| TOTAL CLAIMS   | (Column 1)                       | (Column 2)       | SMALL                | ENTITY          | OTHER THAN                 |
| FOR  |                                  |                  | TYPE                 | 01              | SMALL ENTITY               |
| TOTAL CHARGEABLE CLAIMS  | NUMBER FILED                     | NUMBER EXTRA     |                      | -               | RATE FEE                   |
|  | minus 20=                        | *                | -                    | 385.00 OR       | BASIC FEE 770.00           |
| INDEPENDENT CLAIMS   | minus 3 =                        | *                | X\$ 9=               | OR              | X\$18=                     |
| MULTIPLE DEPENDENT CLAIM PRESENT  NAME OF AS18 |                                  |                  |                      |                 | X86=                       |
| * If the difference in column 1 is le  | ss than zero, enter "            | 07.1             | +145=                |                 | .000                       |
| CLAIMS AS AN   | ENDED - PART                     | u in column 2    | TOTAL                | OR              | +290=                      |
| (Column 1)   | (Column                          |                  |                      |                 | TOTAL                      |
| CLAIMS REMAINING AFTER   | HIGHES                           | T                | SMALL                | NTITY OR        | OTHER THAN<br>SMALL ENTITY |
| REMAINING AFTER AMENDMENT  Total * Mindependent * M | PREVIOUS<br>PAID FOR             | SLY FRESENT      | RATE                 | ADDI-           | ADDI-                      |
| Independent * Mi   | nus **                           |                  |                      | FEE             | RATE TIONAL<br>FEE         |
| FIRST PRESENTATION OF A  | nus ***                          | = .              | X\$ 9=               | OR >            | <b>(\$18=</b>              |
| FIRST PRESENTATION OF MULTI  | PLE DEPENDENT CL                 | AIM .            | X43=                 | OR )            | K86=                       |
| 1/2/2  |                                  |                  | +145=                | OR +            | 290=                       |
| (Column 1)   | <b>10</b> -1                     | • .              | TOTAL<br>ADDIT. FEE  |                 | TOTAL                      |
| CLAIMS<br>REMAINING  | (Column 2)                       | (3)              |                      | ADD             | T. FEE                     |
| AFTER AMENDMENT  | NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT EXTRA    |                      | DDI-<br>DNAL BA | ADDI-                      |
| Total * 7/ Minus   | ** //                            | =                | F                    | EE RA           | ATE TIONAL FEE             |
| Independent * Minus  | *** 5                            |                  | X\$ 9=               | OR X\$          |                            |
| FIRST PRESENTATION OF MULTIPL  | E DEPENDENT CLAIN                | A 🔲              | X43=                 | OR X8           | 6=                         |
|  |                                  |                  | +145=                | OR +290         |                            |
| (Column 1)   |                                  | •                | TOTAL<br>ADDIT. FEE  | OP TO           | TAL                        |
| CLAIMS<br>REMAINING  | (Column 2)<br>HIGHEST            | (Column 3)       |                      | ADDIT.          | FEEL                       |
| AFTER AMENDMENT  | NUMBER<br>PREVIOUSLY             | PRESENT<br>EXTRA | ADD                  |                 | ADDI-                      |
| otal * Minus   | PAID FOR                         |                  | RATE TION            |                 | TIONAL                     |
| dependent * Minus  |                                  | = .              | X\$ 9=               | OR X\$18:       | FEE                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM X43=  |                                  |                  |                      |                 |                            |
| IR entry in a d  |                                  |                  |                      |                 |                            |
| "Highest Number Previously Paid For" IN THIS 2, Write "0" in column 3.   |                                  |                  |                      | OR +290=        |                            |
| "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.  |                                  |                  |                      |                 |                            |
| -875 (Rev. 10/03)  |                                  |                  | in the appropriate b | ox in column 1. |                            |